PORTAGE COUNTY HEALTH CARE CENTER

825 WHITING AVENUE

Ownership: STEVENS POINT 54481 Phone: (715) 346-1375 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? 130 Total Licensed Bed Capacity (12/31/02): 135 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 110 Average Daily Census: 116

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%				
Home Health Care	No				%	Less Than 1 Year	41.8	
Supp. Home Care-Personal Care	No					1 - 4 Years	33.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years	24.5	
Day Services	No	Mental Illness (Org./Psy)	37.3	65 - 74	10.9			
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	34.5		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.1	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.6	Full-Time Equivalent		
Congregate Meals Yes		Cancer 3.6 Nursing Staff per				Nursing Staff per 100 Res	r 100 Residents	
Home Delivered Meals	No	Fractures	1.8		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	18.2	65 & Over	98.2			
Transportation	No	Cerebrovascular	15.5			RNs	13.9	
Referral Service	No	Diabetes	9.1	Sex	%	LPNs	5.6	
Other Services	Yes	Respiratory	4.5			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.2	Male	25.5	Aides, & Orderlies	48.8	
Mentally Ill	No			Female	74.5	I .		
Provide Day Programming for	ĺ		100.0			I		
Developmentally Disabled	No I				100.0	İ		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:	:	Family Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	299	58	95.1	109	3	100.0	103	19	100.0	145	13	100.0	109	0	0.0	0	107	97.3
Intermediate				3	4.9	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		61	100.0		3	100.0		19	100.0		13	100.0		0	0.0		110	100.0

PORTAGE COUNTY HEALTH CARE CENTER

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
					0 No odino		Total					
Percent Admissions from:		 Activities of	0.		% Needing sistance of	% Totally	Number of					
	4 1		T 1 1 t			<u> </u>						
Private Home/No Home Health			-	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health			6.4		53.6	40.0	110					
Other Nursing Homes	4.1	Dressing	9.1		51.8	39.1	110					
Acute Care Hospitals	89.9	Transferring	25.5		40.9	33.6	110					
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		36.4	43.6	110					
Rehabilitation Hospitals	0.0	Eating	62.7		23.6	13.6	110					
Other Locations	1.8	* * * * * * * * * * * * * * * * * * *	*****	*****	******	******	******					
Total Number of Admissions	169	Continence		%	Special Treatm	nents	96					
Percent Discharges To:		Indwelling Or Externa	al Catheter	2.7	Receiving Re	espiratory Care	14.5					
Private Home/No Home Health	20.5	Occ/Freq. Incontinent	t of Bladder	30.9	Receiving Tr	racheostomy Care	0.0					
Private Home/With Home Health	28.4	Occ/Freq. Incontinent	t of Bowel	8.2	Receiving Su	actioning	0.0					
Other Nursing Homes	0.6				Receiving Os	stomy Care	2.7					
Acute Care Hospitals	11.9	Mobility			Receiving Tu	ıbe Feeding	2.7					
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	5.5	Receiving Me	echanically Altered Diets	55.5					
Rehabilitation Hospitals	0.0					_						
Other Locations	8.0	Skin Care			Other Resident	Characteristics						
Deaths	30.7	With Pressure Sores		1.8	Have Advance	e Directives	80.0					
Total Number of Discharges		With Rashes		10.0	Medications							
(Including Deaths)	176				Receiving Ps	sychoactive Drugs	70.0					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:		_		
	This	Gov	ernment	100	-199	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	90	Ratio	엉	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	85.9	84.6	1.02	85.5	1.00	86.7	0.99	85.1	1.01		
Current Residents from In-County	89.1	55.3	1.61	78.5	1.14	69.3	1.29	76.6	1.16		
Admissions from In-County, Still Residing	24.3	26.2	0.93	24.7	0.98	22.5	1.08	20.3	1.19		
Admissions/Average Daily Census	145.7	60.4	2.41	114.6	1.27	102.9	1.42	133.4	1.09		
Discharges/Average Daily Census	151.7	64.0	2.37	114.9	1.32	105.2	1.44	135.3	1.12		
Discharges To Private Residence/Average Daily Census	74.1	19.7	3.76	47.9	1.55	40.9	1.81	56.6	1.31		
Residents Receiving Skilled Care	97.3	85.5	1.14	94.9	1.02	91.6	1.06	86.3	1.13		
Residents Aged 65 and Older	98.2	88.5	1.11	94.1	1.04	93.6	1.05	87.7	1.12		
Title 19 (Medicaid) Funded Residents	55.5	79.1	0.70	66.1	0.84	69.0	0.80	67.5	0.82		
Private Pay Funded Residents	17.3	16.2	1.07	21.5	0.80	21.2	0.81	21.0	0.82		
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	39.1	48.2	0.81	36.8	1.06	37.8	1.03	33.3	1.17		
General Medical Service Residents	8.2	20.0	0.41	22.8	0.36	22.3	0.37	20.5	0.40		
Impaired ADL (Mean)	54.9	44.1	1.24	49.1	1.12	47.5	1.15	49.3	1.11		
Psychological Problems	70.0	62.8	1.11	53.4	1.31	56.9	1.23	54.0	1.30		
Nursing Care Required (Mean)	10.9	7.5	1.46	6.8	1.60	6.8	1.60	7.2	1.52		